The Compendium of Actions for Nutrition (CAN) is a facilitation resource developed by REACH, as part of the UN Network for SUN, for national authorities and their partners (including SUN government actors, REACH facilitators and SUN networks) to foster multi-sectoral dialogue at the country level particularly for nutrition-related policy making and planning. It presents a breadth of possible actions to combat malnutrition, with sub-actions classified into three discreet evidence categories, as indicated in these matrices. Descriptions of evidence categories are provided in the matrix section while references to support that evidence classification are listed in the bibliography. In addition, references related to contextual information for sub-actions are listed in the Notes/Remarks column. The matrices also identify the causal level of each sub-action along with factors contributing to an enabling environment for nutrition. These enabling factors have varying levels of evidence. The CAN does not prescribe a specific set of nutrition actions, although it does recognize that prioritization is critical. It also recognizes that prioritization must be based on context, drawing upon a robust situation analysis, available evidence and country priorities in consultation with a range of stakeholders. Further information about the structure and content of these matrices, the process of developing the CAN and how to use the tool can be found in the Overview section.
Social protection encompasses a range of programmes and policies designed to protect vulnerable groups from exposure to risks (e.g. related to climate, livelihoods and health) while increasing their ability to mitigate them when they do occur. It concurrently promotes development with the ultimate aim of reducing the impacts of poverty. Consequently, actions for social protection can be implemented to address poor people’s immediate needs while providing them with social and economic opportunities over the long term.

Social protection systems may have multiple components, including publicly funded schemes that are non-contributory for beneficiaries, and contributory programmes. They include social assistance, social insurance and labour market programmes\(^1\)\(^2\)\(^3\) as defined below. Furthermore, social protection actions may be targeted to specific vulnerable groups (e.g. specialized food transfers for women and children) or communities (e.g. public works).\(^4\)

- **Social assistance** provides benefits to vulnerable groups within a population (e.g. food assistance), especially households living in poverty. Social assistance schemes may be contributory or non-contributory, and are generally means tested.\(^5\) Social assistance actions include cash transfers, school feeding, food transfers, fee waivers and public works programmes.\(^6\)

- **Social insurance** encompasses contributory insurance, which mitigates the effects of shocks. According to the International Labour Organization (ILO) definition, this insurance mechanism is based on: (1) the prior payment of contributions – before the occurrence of the insured risk; (2) risk sharing or ‘pooling’; and (3) a guarantee. Risk pooling is grounded on the principle of solidarity.\(^7\) Examples of this form of social protection include health insurance, targeted weather-based crops insurance, livestock and social security insurance.\(^8\)

- **Labour market programmes** are protection schemes for workers, such as unemployment benefits and skills-development training.\(^9\)

While social protection in sub-Saharan Africa is primarily focused on poor populations through social assistance coverage, there is an increasing recognition of the need for social security and active labour market support for non-poor rural households that are vulnerable to poverty, as well as for those that repeatedly move in and out of poverty.

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9. Ibid.
Households in distress or crisis may adopt negative coping strategies that can jeopardize their nutrition, such as selling productive assets, withdrawing children from school and reducing meal quality or quantity. These actions can have both immediate and long-term impacts on nutrition. Fortunately, there are many pathways for undertaking social protection actions to improve nutrition\(^\text{10}\) (see Figure 7). However, the positive impacts of social protection interventions on nutrition are weakened or lost when these pathways are not taken into account or when nutrition objectives are not clearly stated as intervention objectives.

A growing body of evidence indicates that such interventions can improve nutrition outcomes, including reductions in stunting, wasting and anaemia, by addressing the immediate and underlying causes of undernutrition (such as food insecurity and limited access to health services). In addition, social protection actions can tackle basic causes of undernutrition, including poverty, gender discrimination and early marriage by bringing about structural changes that support sustained improvements in human capital.\(^\text{11}\) The breadth of nutrition-sensitive social protection actions implicates multiple sectors and even modalities (e.g. conditional cash transfers) that are sometimes integrated.

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Greater attention to these impact pathways, the inclusion of nutrition indicators in programme design and the addition of nutrition-specific interventions all maximize the potential of social protection measures for achieving nutrition gains.

This section includes three thematic areas: Social Assistance; Social Insurance; and Labour Market Programmes. A menu of possible sub-actions is presented in each thematic area (see the Social Protection matrices), followed by an Enabling Environment section. The inclusion of a consolidated Enabling Environment section (instead of Enabling Environment sections within each thematic area) was influenced by the fact that social protection actions and sub-actions are multi-sectoral and interconnected; creating three discreet Enabling Environment sections would have created an artificial divide. Second, this structure minimizes duplication, which makes this compendium more practical and highlights its broad scope. Nutrition education, social marketing and behaviour change communication (BCC) activities are integrated into the matrix in this section.

All actions and sub-actions should take gender into account and be undertaken in a gender-sensitive manner. Additional information (including official recommendations and links to related thematic areas in other sections of the CAN) is presented in the Notes/Remarks column of the matrices. These notes equip CAN users with brief, focused contextual information to enrich multi-sectoral nutrition dialogue at the country level.

Like other sections of the CAN, nutrition assessment using anthropometric, micronutrient\textsuperscript{13,14} and other nutrition-related indicators (e.g. food insecurity, access to health services) is critical for understanding the nutrition situation, and should guide the selection of nutrition sub-actions from this Social Protection section.

\textsuperscript{13} WHO. Nutrition Landscape Information System (NLIS). Available at http://www.who.int/nutrition/databases/en/.

\textsuperscript{14} WHO. Vitamin and Mineral Nutrition Information System (VMNIS). Available at http://www.who.int/vmnis/indicators/en/.
### Social Assistance

#### POSSIBLE INTERVENTION RESPONSES

<table>
<thead>
<tr>
<th>ACTION 1</th>
<th>In-kind transfers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUB-ACTION 1a</strong> Specialized food transfers for women and children to safeguard maternal, infant and young child nutrition</td>
<td><strong>CAUSAL LEVEL</strong> Immediate</td>
</tr>
<tr>
<td><strong>NOTES/REMARKS</strong> Specialized food transfers to women and children used in “interventions to increase birthweight and linear growth during the first two years of life are likely to result in substantial gains in height and schooling (key aspects of human capital), and give some protection from development of adult chronic disease risk factors, with no or negligible adverse trade-offs” (Adair et al., 2013). Specialized food transfers are typically distributed for a longer period of time than those provided through blanket supplementary feeding, and targeting is based on economic vulnerability (e.g. the the Special Supplemental Nutrition Program for Women, Infants and Children [WIC] in the United States) instead of nutritional vulnerability.</td>
<td>• Adair, L.S., Fall, C.H.D., Osmond, C., Stein, A.D., Martorell, R., Ramirez-Zea, M., Singh Sachdev, H., Dahly, D.L., Bas, I., Norris, S. A. Mcklesfield, L., Hallal, P. &amp; Victora, C.G. for the COHORTS Group. 2013. Associations of linear growth and relative weight gain during early life with adult health and human capital in countries of low and middle income: Findings from five birth cohort studies. <em>Lancet</em>, Volume 382(9891):525-534.</td>
</tr>
</tbody>
</table>

| **SUB-ACTION 1b** General food distribution to safeguard nutrition | **CAUSAL LEVEL** Underlying/Basic | **EVIDENCE CATEGORY** Primary studies |

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* Immediate causes: Causes related to inadequate food intake and exposure to disease or illness. Underlying causes: Household and community-level factors, which may be influenced by issues such as agricultural practices, climate, lack of availability and access to safe water, sanitation, health services and education for girls, and other gender-related issues. Basic causes: Societal structures and processes that impede vulnerable populations’ access to essential resources. They typically stem from institutional, political, economic and social factors, including governance, trade, environmental and gender issues, and poverty.

** The following evidence categories are used in the CAN: (1) synthesized evidence exists: this includes meta-analyses and systematic reviews. It should be noted however that the number of studies included in meta-analyses and systematic reviews varies across sub-actions, with some synthesized evidence based on a large number of studies and other synthesized evidence based on a limited number of studies; (2) published primary studies exist: no synthesized evidence exists, but evidence is published in peer-reviewed journals; and (3) practice-based studies exist: there is published experience-based evidence documented in the ‘grey literature’ although no evidence has been published in peer-reviewed journals – either in the form of synthesized evidence or single studies. This indicates that further research is warranted.
**ACTION 2**  
Quasi in-kind transfers

<table>
<thead>
<tr>
<th>SUB-ACTION 2a</th>
<th>CAUSAL LEVEL</th>
<th>EVIDENCE CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money vouchers with restricted food choices and Food Denominated Vouchers to safeguard maternal, infant and young child nutrition</td>
<td>Underlying/Basic</td>
<td>Primary studies</td>
</tr>
</tbody>
</table>

**NOTES/REMARKS**

In general, vouchers are appropriate for areas (especially urban) with well-functioning markets and merchants with the capacity – and working capital – to handle them (CFS, 2012). Vouchers are typically distributed for a longer period of time than assistance provided through blanket supplementary feeding, and targeting is primarily based on economic vulnerability (e.g. the WIC programme in the United States) instead of nutritional vulnerability.


<table>
<thead>
<tr>
<th>SUB-ACTION 2b</th>
<th>CAUSAL LEVEL</th>
<th>EVIDENCE CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vouchers for maternal health services through which nutritional support is provided</td>
<td>Underlying/Basic</td>
<td>Primary studies</td>
</tr>
</tbody>
</table>

**NOTES/REMARKS**

In general, vouchers are appropriate for areas (especially urban) with well-functioning markets and merchants with the capacity – and working capital – to handle them (CFS, 2012). These vouchers are typically targeted based on economic vulnerability.


<table>
<thead>
<tr>
<th>SUB-ACTION 2c</th>
<th>CAUSAL LEVEL</th>
<th>EVIDENCE CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vouchers for child daycare for children to support recommended infant and young child feeding (IYCF) practices</td>
<td>Underlying/Basic</td>
<td>Primary studies</td>
</tr>
</tbody>
</table>

**NOTES/REMARKS**

These vouchers are typically targeted based on economic vulnerability. The recommended IYCF practices include: (1) early initiation of breastfeeding (within 1 hour of birth); (2) exclusive breastfeeding for the first six months of life; and (3) continued breastfeeding until 2 years or beyond.

<table>
<thead>
<tr>
<th>SUB-ACTION 2d</th>
<th>CAUSAL LEVEL</th>
<th>EVIDENCE CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>User fee removal for child health services through which nutritional support is provided</td>
<td>Underlying/Basic</td>
<td>Synthesized evidence</td>
</tr>
</tbody>
</table>

**NOTES/REMARKS**

User fee removal refers to situations in which at least 75 percent of user fees for assessing health services of children under 5 are removed (Bassani et al., 2013). Any proposed policy for user fee removal should ensure that the service (e.g. health) will be able to meet increased demand.

This sub-action is typically targeted based on economic vulnerability.

**ACTION 3**

**Unconditional cash transfers**

**SUB-ACTION 3a**

Cash transfers to safeguard healthy diets, particularly of pregnant and lactating women and young children

**CAUSAL LEVEL**

Basic

**EVIDENCE CATEGORY**

Synthesized evidence

**NOTES/REMARKS**

Impact evaluations conducted by FAO and UNICEF through the Protection to Production Project show that factors such as the level, timing and predictability of cash transfers affect the likelihood of households spending resources on food (Davis & Handa, 2014).

Cash transfers can help to place highly nutritious foods such as animal-source foods and fresh produce within families’ economic reach; poor families would otherwise have to limit their choices to cheaper – and often less nutritious – foods. They also improve the quality of diets by increasing dietary diversity, and can promote health-seeking behaviours (FAO, 2015).

Evidence from cash-transfer programs in Colombia, Ecuador, Mexico, and Nicaragua reported by Attanasio, Battistin, and Mesnard (2012) and the food stamp programme in the United States (Breunig & Dasgupta, 2005) indicates that households commonly spend more on food and health out of transfer income than from other income sources, even when the transfers are only indirectly linked to nutrition and health (Alderman, 2014). Asfaw et al. (2014) found that the Cash Transfer for Orphans and Vulnerable Children programme in Kenya had positively influenced the consumption of dairy, eggs, meat, fish and fruit in households with fewer members and female-headed households – in part from their own increased production (FAO, 2015).

Unconditional cash transfers are typically distributed for longer periods of time than assistance provided through blanket supplementary feeding, and targeting is primarily based on economic vulnerability instead of nutritional vulnerability.

For best results, unconditional cash transfers should be accompanied by nutrition education (Ahmed, Sraboni & Shaba, 2014).


**ACTION 4**

**School-based programmes**

**SUB-ACTION 4a**

School feeding to safeguard nutrition

**CAUSAL LEVEL**

Underlying/Basic

**EVIDENCE CATEGORY**

Primary studies

**NOTES/REMARKS**

School feeding is targeted to school-age children (beyond the first 1,000 days of life) and serves as both a social safety net and an education programme. However, school feeding programmes can be designed to support nutritional outcomes. For example, the diversification of school meals, the addition of micronutrients to food through fortification, the delivery of micronutrient supplements and deworming are all cost-effective ways of enhancing nutrition in school, which can be integrated with school feeding. The provision of healthy, diversified school meals not only directly impacts children's nutritional status, it helps children to adopt healthy eating habits that can be maintained through life. Long-term positive nutritional impacts can be expected since school feeding and complementary actions lead to improved educational and cognitive outcomes, which have inter-generational benefits (children's education level is a strong determinant of child growth as measured by stunting) (Bundy et al., 2009).

For best results, school feeding should be accompanied by nutrition education (either within the curriculum or as an extra-curricular activity), and parental involvement at school and home (Knai, Pomerleau, Lock & McKee, 2006). Combining school feeding with locally sourced food can support local production and affect local eating practices, especially when combined with awareness-raising campaigns and nutrition education.


ACTION 4 continued...
Sub-action 4b: Take home food rations to safeguard nutrition

**CAUSAL LEVEL**: Underlying/Basic

**EVIDENCE CATEGORY**: Primary studies

**NOTES/REMARKS**
Take-home rations are used more as an incentive for schooling or as an in-kind transfer to households than for their nutritional benefits. Take-home rations positively affect school enrolment, attendance and cognitive abilities, which are known to delay the age of first pregnancy (Bundy et al., 2009). More information about the links between adolescent pregnancy and nutrition is provided in sub-action 1a in the thematic area on Nutrition Interventions Delivered through Reproductive and Paediatric Health Services. A cross-sectional study demonstrated that staying in school longer reduced the odds of child stunting in Bangladesh and Indonesia, underscoring the relevance of sub-actions that provide incentives for schooling (Semba, 2008). The ‘Cost of Hunger’ studies have demonstrated similar results.


Sub-action 5a: Non-contributory pensions to safeguard nutrition

**CAUSAL LEVEL**: Underlying/Basic

**EVIDENCE CATEGORY**: Primary studies

**NOTES/REMARKS**
In a study of South Africa’s pension programme, Duflo (2003) found that only pensions received by retired women had a significant impact on the nutritional status of their grandchildren. No impact was found for relatives of male pensioners (Alderman, 2015). Pension programmes can also contribute to food security. For example, Martínez (2004) found that the social (non-contributory) pension provided by Bolivia’s Bono Solidario programme was almost entirely spent on increasing food consumption, which rose by 6.3 percent. Most of this increased consumption – achieved in part by greater home production – was comprised of animal-source foods, vegetables and fruit – all critical components of healthy diets (FAO, 2015).


Sub-action 5b: Child support grants to safeguard nutrition

**CAUSAL LEVEL**: Underlying/Basic

**EVIDENCE CATEGORY**: Practice-based studies

**NOTES/REMARKS**
Participation in a cash transfer programme led to a 10 percent to 30 percent increase in food expenditure in Kenya, Malawi and Zambia. Part of this was spent on significantly larger amounts of animal-source foods such as meat and dairy, contributing to increased dietary diversity among beneficiaries (Davis & Handa, 2014). A review of the project found that predictability and timing played a significant role in enhancing food consumption and dietary diversity.

The impact of cash transfer programmes on anthropometric measures of children has been less clear. Programmes in South Africa and Zambia showed evidence of significantly reduced stunting among better-educated mothers, while in Malawi, the programme significantly reduced undernutrition. In addition to dietary diversity, there were also consistent impacts on meal frequency, food consumption and participation in health and nutrition activities, which contribute to improved nutrition in the long-term. The lack of consistent data on anthropometric outcomes likely stems from the multiple underlying determinants of nutritional status, the short timeframe of most evaluations and the relatively small number of young children among orphan, vulnerable and labour-constrained populations (Davis and Handa, 2014).

This sub-action is typically targeted based on economic vulnerability.

### ACTION 6
Conditional cash/voucher transfers

<table>
<thead>
<tr>
<th>SUB-ACTION 6a</th>
<th>CAUSAL LEVEL</th>
<th>EVIDENCE CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash/voucher transfers issued conditionally on meeting child school enrolment and attendance to safeguard child nutrition</td>
<td>Underlying/Basic</td>
<td>Synthesized evidence</td>
</tr>
</tbody>
</table>

**NOTES/REMARKS**
Impact evaluations conducted by FAO and UNICEF through the Protection to Production project show that factors such as the level, timing and predictability of cash transfers affect the likelihood of households spending resources on food (Davis & Handa, 2014). This sub-action is typically targeted based on economic vulnerability. Cash transfers can help to place highly nutritious foods such as animal-source foods and fresh produce within families’ economic reach; poor families would otherwise have to limit their choices to cheaper – and often less nutritious – foods. In addition, cash transfers improve the quality of diets by increasing dietary diversity. Mexico’s PROGRESA/Oportunidades/Prospera programme, which included conditional cash transfers, positively impacted children's physical, cognitive and language development. Specifically, the programme resulted in higher mean growth for children 12–36 months and lower probability of stunting. The improved child growth associated with this programme was estimated to increase lifetime earnings by 2.9 percent. This effect is likely to be higher when the impacts of improved nutrition on cognitive development and education are considered. The programme's positive impact can partly be attributed to its targeting of women as recipients of cash transfers, and awareness-raising on health and nutrition. For children under 5 in the programme localities, health visits increased by 18 percent, reducing illnesses by 12 percent. Greater and more diverse food consumption was accompanied by a range of complementary interventions such as micronutrient supplementation and health care (FAO, 2015).

For best results, conditional cash and voucher transfers should be accompanied by nutrition education (Ahmed, Sraboni & Shaba, 2014).


<table>
<thead>
<tr>
<th>SUB-ACTION 6b</th>
<th>CAUSAL LEVEL</th>
<th>EVIDENCE CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash/voucher transfers issued conditionally on uptake of mother and child health services to safeguard maternal and child nutrition</td>
<td>Underlying/Basic</td>
<td>Synthesized evidence</td>
</tr>
</tbody>
</table>

**NOTES/REMARKS**
This sub-action is typically targeted based on economic vulnerability. For best results, conditional cash and voucher transfers should be accompanied by nutrition education (Ahmed, Sraboni & Shaba, 2014).


<table>
<thead>
<tr>
<th>SUB-ACTION 6c</th>
<th>CAUSAL LEVEL</th>
<th>EVIDENCE CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash/voucher transfers issued conditionally on attendance of mothers at nutrition education/behaviour change sessions</td>
<td>Underlying/Basic</td>
<td>Synthesized evidence</td>
</tr>
</tbody>
</table>

**NOTES/REMARKS**
This sub-action is typically targeted based on economic vulnerability. The provision of cash transfers or vouchers can be coupled with: nutrition education and BCC to promote optimal IYCF practices; the production and consumption of nutritious foods for healthy diets; and basic sanitation and hygiene practices that support good nutrition (WFP, 2014). This sub-action may also be linked to nutrition counselling sub-actions covered in the Health section of the CAN and food-based nutrition education covered in the thematic area on Food Consumption Practices for Healthy Diets (Food, Agriculture and Healthy Diets section of the CAN).

### ACTION 7
**Public works programmes**

<table>
<thead>
<tr>
<th>SUB-ACTION 7a</th>
<th>CAUSAL LEVEL</th>
<th>EVIDENCE CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-kind food transfers for participation in public works programmes to safeguard healthy diets for good nutrition</td>
<td>Underlying/Basic</td>
<td>Practice-based studies</td>
</tr>
</tbody>
</table>

**NOTES/REMARKS**

This sub-action is typically targeted based on economic vulnerability. Awareness-raising on health and nutrition can improve results (Ahmed et al., 2010). Day care services can also make the sub-action more nutrition sensitive (see the thematic area on IYCF). It is important to remember that public works target working age, able-bodied individuals, and therefore might exclude the most nutritionally vulnerable members of society.


<table>
<thead>
<tr>
<th>SUB-ACTION 7b</th>
<th>CAUSAL LEVEL</th>
<th>EVIDENCE CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash transfers for participation in public works programmes to safeguard healthy diets for good nutrition</td>
<td>Underlying/Basic</td>
<td>Primary studies</td>
</tr>
</tbody>
</table>

**NOTES/REMARKS**

This sub-action is typically targeted based on economic vulnerability. The inclusion of awareness-raising on health and nutrition can improve results (Ahmed et al., 2010). Day care services can also make the sub-action more nutrition sensitive (see the thematic area on IYCF). It is important to remember that public works target working age, able-bodied individuals, and therefore might exclude the most nutritionally vulnerable members of society.

In India, Deininger and Liu (2013) found that participants in the Andhra Pradesh National Rural Employment Scheme significantly increased their intake of protein and energy in the short term. "In Bangladesh, road improvement projects led to a 27 percent increase in agricultural wages, an 11 percent increase in per capita consumption and a rise in school enrolment for girls and boys, which can have an indirect positive influence on nutrition (Khandker, Bakht, & Koolwal, 2006)” (FAO, 2015).


# Social Insurance

## POSSIBLE INTERVENTION RESPONSES

<table>
<thead>
<tr>
<th>ACTION 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Insurance</strong></td>
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</tbody>
</table>

### SUB-ACTION 1a  
Health insurance to increase uptake of nutrition-related health services coupled with enhanced health services and health workforce to foster good health and nutritional status

<table>
<thead>
<tr>
<th>CAUSAL LEVEL*</th>
<th>EVIDENCE CATEGORY **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underlying/Basic</td>
<td>Synthesized evidence</td>
</tr>
</tbody>
</table>

### NOTES/REMARKS
Some schemes (e.g. health insurance) may be incompatible with a universal health care approach, which is being increasingly promoted (Kutzin, 2013). However, those who are able to contribute can be covered by health insurance while the population that is unable to contribute to health insurance can be subsidized in order to reach universal coverage (ILO, 2014).

Further information about nutrition-related health services is provided in the thematic areas on Nutrition Interventions Delivered through Reproductive and Paediatric Health Services, and Nutrition-related Disease Prevention and Management.


### SUB-ACTION 1b  
Targeted weather-based insurance for crops/livestock to safeguard healthy diets for good nutrition

<table>
<thead>
<tr>
<th>CAUSAL LEVEL</th>
<th>EVIDENCE CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underlying/Basic</td>
<td>Practice-based studies</td>
</tr>
</tbody>
</table>

### NOTES/REMARKS
These insurance schemes include extreme weather risk insurance for smallholder farmers and index-linked livestock insurance for poor livestock keepers. They promote healthy diets for good nutrition by: (1) mitigating crisis and preventing negative coping strategies (including reduced food consumption, depletion of productive assets, migration and risky sexual behaviours), which can have adverse effects on nutritional status; (2) encouraging biodiversity and dietary diversity; and (3) preserving livelihoods.

### SUB-ACTION 1c  
Social security insurance to safeguard nutrition

<table>
<thead>
<tr>
<th>CAUSAL LEVEL</th>
<th>EVIDENCE CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underlying/Basic</td>
<td>Primary studies</td>
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</tbody>
</table>

### NOTES/REMARKS
Social security insurance often includes maternity protection and unemployment insurance to safeguard nutrition. More information about maternity protection is provided in the Enabling Environment section under the Legislation, regulations/standards, protocols and guidelines sub-heading.

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* Immediate causes: Causes related to inadequate food intake and exposure to disease or illness. Underlying causes: Household and community-level factors, which may be influenced by issues such as agricultural practices, climate, lack of availability and access to safe water, sanitation, health services and education for girls, and other gender-related issues. Basic causes: Societal structures and processes that impede vulnerable populations’ access to essential resources. They typically stem from institutional, political, economic and social factors, including governance, trade, environmental and gender issues, and poverty.

** The following evidence categories are used in the CAN: (1) synthesized evidence exists: this includes meta-analyses and systematic reviews. It should be noted however that the number of studies included in meta-analyses and systematic reviews varies across sub-actions, with some synthesized evidence based on a large number of studies and other synthesized evidence based on a limited number of studies; (2) published primary studies exist: no synthesized evidence exists, but evidence is published in peer-reviewed journals; and (3) practice-based studies exist: there is published experience-based evidence documented in the ‘grey literature’ although no evidence has been published in peer-reviewed journals – either in the form of synthesized evidence or single studies. This indicates that further research is warranted.
### Labour Market Programmes

#### POSSIBLE INTERVENTION RESPONSES

<table>
<thead>
<tr>
<th>ACTION 1</th>
<th>Publically funded asset transfers with skills training</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUB-ACTION 1a</strong></td>
<td>Skills training plus asset transfer to safeguard nutrition</td>
</tr>
<tr>
<td><strong>CAUSAL LEVEL</strong></td>
<td>Underlying, Basic and Immediate with livestock</td>
</tr>
<tr>
<td><strong>EVIDENCE CATEGORY</strong></td>
<td>Practice-based studies</td>
</tr>
</tbody>
</table>

**NOTES/REMARKS**

In the late 1990s, Malawi's Government implemented the Starter Pack programme with donor support, which distributed free seeds and fertilizer to all 2.8 million smallholder families in the country, boosting household maize production by 100-150 kg per household, reducing the annual food gap and helping to stabilize food prices across seasons (Levy, 2005, CFS, 2012).

Combining productive interventions with cash transfers can increase consumption from families’ own food production along with dietary diversity. This can be achieved by complementing cash transfers with nutrition-sensitive agricultural extension programmes (CFS, 2012).

Alignment between programmes can achieve synergies. In Ethiopia, links were established between the Productive Safety Nets Programme and Household Asset Building Programme through Ethiopia’s Food Security Strategy, which increased food security and improved nutrition outcomes.


| **SUB-ACTION 1b** | Skills training, asset transfer, and cash or food transfer to safeguard nutrition |
| **CAUSAL LEVEL** | Underlying, Basic and Immediate with livestock |
| **EVIDENCE CATEGORY** | Practice-based studies |

**NOTES/REMARKS**

This sub-action builds ‘tangible’ assets (e.g. food stores, cash savings, trees, land, livestock, tools, roads and water and sanitation infrastructure) using people’s labour, and provides ‘intangible’ assets (e.g. training in building, management, maintenance, and the use of these assets to increase food production) (WFP, 2016). The sub-action comprises: (1) a one-time productive-asset transfer or support for building a household or community asset; (2) technical skills training on managing the productive asset; (3) a food or cash transfer for a defined amount of time; and (4) when needed, health and nutrition education, basic health services and life-skills training (Banerjee et al., 2015).

This sub-action serves to immediately improve and stabilize food consumption of vulnerable persons in order to safeguard healthy diets by enhancing food availability and dietary diversity, and reducing incentives to sell (or eat) household assets (including productive assets). It also supports one or more of the following longer-term nutrition-related objectives to:

1. Improve physical access to markets and strengthen and diversify livelihoods and incomes, which support expenditures related to nutrition;
2. Protect livelihoods from shocks, thereby maintaining local food production and income to support healthy diets in risk-prone areas;
3. Reduce hardships and women’s work burden, freeing time for nutrition-related care practices (such as breastfeeding); and
4. Improve access to basic social services, WASH and health services (e.g. through the construction of latrines and handwashing facilities) that contribute to good nutrition (WFP, 2016).

This sub-action applies the Graduation Model.


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* **Immediate causes**: Causes related to inadequate food intake and exposure to disease or illness. **Underlying causes**: Household and community-level factors, which may be influenced by issues such as agricultural practices, climate, lack of availability and access to safe water, sanitation, health services and education for girls, and other gender-related issues. **Basic causes**: Societal structures and processes that impede vulnerable populations’ access to essential resources. They typically stem from institutional, political, economic and social factors, including governance, trade, environmental and gender issues, and poverty.

**The following evidence categories are used in the CAN:** (1) **synthesized evidence exists**: this includes meta-analyses and systematic reviews. It should be noted however that the number of studies included in meta-analyses and systematic reviews varies across sub-actions, with some synthesized evidence based on a large number of studies and other synthesized evidence based on a limited number of studies; (2) **published primary studies exist**: no synthesized evidence exists, but evidence is published in peer-reviewed journals; and (3) **practice-based studies exist**: there is published experience-based evidence documented in the ‘grey literature’ although no evidence has been published in peer-reviewed journals – either in the form of synthesized evidence or single studies. This indicates that further research is warranted.
Enabling Environment

These sub-actions reflect factors that contribute to an enabling environment for nutrition, such as policy coherence, legislation, regulations, standards, trade mechanisms, social marketing, and behaviour change communication; the absence of these factors may contribute to a disabling environment. The factors listed in this section are supported by varying levels of evidence; applicable references are cited, when available. These Enabling Environment sub-actions were not classified by evidence category because they are considered to be key to fostering an enabling environment irrespective of the existing level of evidence. One Enabling Environment section was developed for the three thematic areas included in the Social Protection section in view of the transversal nature of Social Protection and in an effort to minimize duplication in the CAN.

<table>
<thead>
<tr>
<th>ACTION 1. Assessment and information</th>
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<tbody>
<tr>
<td><strong>SUB-ACTION 1a</strong> Vulnerability assessment and early warning analysis</td>
</tr>
<tr>
<td>CAUSAL LEVEL Basic</td>
</tr>
<tr>
<td><strong>SUB-ACTION 1b</strong> Promotion of operational research about nutrition impacts of sub-actions covered by this thematic area</td>
</tr>
<tr>
<td>CAUSAL LEVEL Basic</td>
</tr>
<tr>
<td><strong>SUB-ACTION 1c</strong> M&amp;E of sub-actions covered by this thematic area</td>
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<th>ACTION 2. Policy coherence</th>
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<tr>
<td><strong>SUB-ACTION 2a</strong> Policy coherence between policies/strategies on maternal/reproductive and neonatal health, agriculture/food, labour, trade, gender, social protection, industry and nutrition</td>
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<td>CAUSAL LEVEL Basic</td>
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**NOTES/REMARKS**
Social sector policy should be formulated or reformed to promote synergies with nutrition. For instance, an impact evaluation on the combination of cash transfers with vegetable seeds and training in homestead gardening in Lesotho showed greater impacts than stand-alone cash transfers in terms of productive capacity – especially among labour-constrained households (FAO, 2015).


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<th>ACTION 3. Legislation, regulations/standards, protocols and guidelines</th>
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<td><strong>SUB-ACTION 3a</strong> Legislation and regulations on: (1) maternity protection based on ILO Maternity Protection Convention 183 (2000) and Recommendation 191 (2000); (2) occupational health based on ILO Occupational Safety and Health Convention No.155 (1981); (3) ending the inappropriate marketing of complementary food; and (4) implementation of the International Code of Marketing of Breast-milk Substitutes, subsequent World Health Assembly resolutions and national measures adopted to give effect to these</td>
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<td>CAUSAL LEVEL Underlying/Basic</td>
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**NOTES/REMARKS**
This sub-action includes the development, implementation and enforcement of related legislation and regulations.

**SUB-ACTION 3b** Promotion of universal health coverage to improve access to nutrition-related health services on reproductive health, primary paediatric health care, and the prevention and management of nutrition-related illnesses/diseases

**NOTES/REMARKS**
Further information about nutrition-related health services is provided in the thematic areas on Nutrition Interventions Delivered through Reproductive and Paediatric Health Services, and Nutrition-related Disease Prevention and Management.

| **SUB-ACTION 3c** Legislation on user fee exemption for child and reproductive health services through which nutrition support is provided |
| CAUSAL LEVEL Basic |
### ACTION 4. Fiscal policy

**SUB-ACTION 4a**
Taxes and subsidies to support good nutrition

**CAUSAL LEVEL**
Basic

**NOTES/REMARKS**
This sub-action includes subsidization or removal of taxation on supplies and inputs for social assistance schemes.

### ACTION 5. Planning, budgeting and management

**SUB-ACTION 5a**
Capacity development/strengthening to enable nutrition to be reflected in health, agriculture/food, labour, trade, gender, social protection, industry and nutrition planning and implementation

**CAUSAL LEVEL**
Basic

**NOTES/REMARKS**
This sub-action includes recruiting nutritionists in government agencies, strengthening nutrition curricula in formal education and providing basic training on nutrition for units in charge of planning and implementation. This sub-action fosters coordinated planning and budgeting for nutrition in these areas.

### ACTION 6. Coordination

**SUB-ACTION 6a**
Capacity development/strengthening of governance mechanisms to enable nutrition considerations regarding Social Protection to be raised in political fora and the coordination of coherent, multi-sectoral nutrition action at the country level

**CAUSAL LEVEL**
Basic

**NOTES/REMARKS**
This sub-action involves supporting the engagement of ministries of health, agriculture, gender and social affairs, labour and other ministries in multi-stakeholder, multi-sectoral nutrition platforms – at both the decision-making and technical levels – to ensure that policies, plans and guidelines are operationalized, and that a coherent, multi-sectoral approach is used to address malnutrition.

### ACTION 7. Infrastructure and technology

**SUB-ACTION 7a**
Use of time-saving, transfer technologies to help free time that may be dedicated to childcare, particularly where women/mothers are targeted

**CAUSAL LEVEL**
Underlying/Basic

**NOTES/REMARKS**
Time-saving transfer technologies include mobile phone-based or electronic transfers instead of physical disbursement at physical sites, and facilitated access to energy-saving, low emission stoves and cooking equipment. This sub-action involves guidance on how to use these technologies.

### ACTION 8. Other enabling environment actions

**SUB-ACTION 8a**
Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders

**CAUSAL LEVEL**
Underlying/Basic
POSSIBLE INTERVENTION RESPONSES

ACTION 1. In-kind transfers

1a. Specialized food transfers for women and children to safeguard maternal, infant and young child nutrition


1b. General food distribution to safeguard nutrition


**ACTION 2. Quasi in-kind transfers**

2a. Money vouchers with restricted food choices and Food Denominated Vouchers to safeguard maternal, infant and young child nutrition


2b. Vouchers for maternal health services through which nutritional support is provided


2c. Vouchers for child daycare for children to support recommended infant and young child feeding (IYCF) practices


2d. User fee removal for child health services through which nutritional support is provided


**ACTION 3. Unconditional cash transfers**

3a. Cash transfers to safeguard healthy diets, particularly of pregnant and lactating women and young children

**ACTION 4. School-based programmes**

4a. School feeding to safeguard nutrition


4b. Take home food rations to safeguard nutrition


**ACTION 5. Social transfers**

5a. Non-contributory pensions to safeguard nutrition


5b. Child support grants to safeguard nutrition


**ACTION 6. Conditional cash/voucher transfers**

6a. Cash/voucher transfers issued conditionally on meeting child school enrollment and attendance to safeguard child nutrition

6b. Cash/voucher transfers issued conditionally on uptake of mother and child health services to safeguard maternal and child nutrition

- WHO. Conditional cash transfer programmes and nutritional status. eLENA. Available at http://www.who.int/elenatitles/cash_transfer/en/.

6c. Cash/voucher transfers issued conditionally on attendance of mothers at nutrition education/behavior change sessions


ACTION 7. Public works programmes

7a. In-kind food transfers for participation in public works programmes to safeguard healthy diets for good nutrition


7b. Cash transfers for participation in public works programmes to safeguard healthy diets for good nutrition

POSSIBLE INTERVENTION RESPONSES

ACTION 1. Insurance

1a. Health insurance to increase uptake of nutrition-related health services coupled with enhanced health services and health workforce to foster good health and nutritional status


1b. Targeted weather-based insurance for crops/livestock to safeguard healthy diets for good nutrition


1c. Social security insurance to safeguard nutrition

POSSIBLE INTERVENTION RESPONSES

ACTION 1. Publically funded asset transfers with skill training

1a. Skills training plus asset transfer to safeguard nutrition

1b. Skills training, asset transfer, and cash or food transfer to safeguard nutrition
Enabling Environment

**ACTION 2. Policy coherence**

2a. Policy coherence between policies/strategies on maternal/reproductive and neonatal health, agriculture/food, labour, trade, gender, social protection, industry and nutrition


**ACTION 3. Legislation, regulations/standards, protocols and guidelines**

3a. Legislation and regulations on: (1) maternity protection based on ILO Maternity Protection Convention 183 (2000) and Recommendation 191 (2000); (2) occupational health based on ILO Occupational Safety and Health Convention No. 155 (1981); (3) ending the inappropriate marketing of complementary food; and (4) implementation of the International Code of Marketing of Breast-milk Substitutes, subsequent World Health Assembly resolutions and national measures adopted to give effect to these

- Euromonitor International Consulting Ltd. 2015. Baby food trends in Brazil and Norway. WHO.
- IBFAN. The Full Code, WHA Resolutions. (WH34.22, WH34.23, WHA35.26, WHA37.30, WHA41.11, WHA43.3, WHA45.34, WHA47.5, WHA49.15, WHA54.2, WHA55.25, WHA58.32, WHA59.11, WHA59.21, WHA61.20, WHA63.23). Geneva. Available at http://ibfan.org/the-full-code.
3b. Promotion of universal health coverage to improve access to nutrition-related health services on reproductive health, primary paediatric health care, and the prevention and management of nutrition-related illnesses/diseases


ACTION 8. Other enabling environment actions

8a. Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders